

SCHEDULE B

ITEMIZED DISBURSEMENTS

PAGE 1 OF 1

Other Disbursements

FOR LINE NUMBER
21

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NAME OF COMMITTEE (in Full)

ENGEL FOR CONGRESS

C00236513

A. Full Name, Address and ZIP Code Friends of Lois Capps 25 W. Anapamu Santa Barbara, CA 93101	Purpose of Disbursement contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date 02-06-98	Amount \$1,000.00
B. Full Name, Address and ZIP Code DACC 107 Washington Ave. Albany, NY 12210	Purpose of Disbursement Nonfederal Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date 02-11-98	Amount \$300.00
C. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
D. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
E. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
F. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
G. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
H. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
I. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount

SUBTOTAL of Disbursements This Page (optional) > **\$1,300.00**TOTAL This Period (last page this line number only) > **\$1,300.00**